

Personal Information					
Name:			Date:		
Address:			City/State/2	Zip:	
Home Phone:	Work Phor	ne:	Cell	Phone:	
In case of emergency, p	olease notify:				
Name:			Relationsh	nip:	
Home Phone:	Cell Phone:_		Business	Phone:	
Past experience					
Employment and/or Volu	nteer Experience:				
Education/Training:					
Special skills or hobbies:					_
Volunteer Opportunities					
				In order to provide max eir choice, skills, and ava	
Do you have a volunteer	preference:		Skills:		
Department or Division:_					
Time Available: Mon  Tues  T		Afternoor Thurs 🗖	n 🗖 Fri 🤅	Evening 🗖 Weekends 🕻	_
References					
List two references (other employer, etc.)	r than family) whom	the City can c	ontact, and t	heir relationship to you (f	frienc
Name:		Phone:		Relationship:	
Address:	_	·	<u> </u>	Zip:	
			·		
Name:					
Address:			City/State/2	Zip:	
Background Statement					
By my signature, I authorize	the City of Renton to p	oerform a backgr	ound check of	my criminal record.	
Applicant Signature:					
	ity of Renton, Voluntee 055 S. Grady Way, Re				
WSP Background? Yes HR Approval for Placement? Yes	No No		Dep Date	t. for Placement:	